



County of San Bernardino

F A S

**STANDARD CONTRACT**

FOR COUNTY USE ONLY

**DO NOT ENCUMBER**

New	Vendor Code	Dept.	Contract Number
<input checked="" type="checkbox"/> Change	WILLIAM802	SC	02-1217 A-1
<input type="checkbox"/> Cancel		A	
County Department		Dept. Orgn.	Contractor's License No.
Probation Department		PRB	
County Department Contract Representative		Telephone	Total Contract Amount
Holly Benton		(909) 387-5918	Not to Exceed \$10,000
Contract Type			
<input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:			
If not encumbered or revenue contract type, provide reason: Fee for Service Contract			
Commodity Code	Contract Start Date	Contract End Date	Original Amount
	11/19/02	06/30/04	Not to Exceed \$10,000
Fund	Dept.	Organization	Appr.
AAA	PRG	1913	200
			Obj/Rev Source
			2445
			GRC/PROJ/JOB No.
			40000DRC
			Amount
			Not to Exceed \$10,000
Fund	Dept.	Organization	Appr.
			Obj/Rev Source
			GRC/PROJ/JOB No.
			Amount
Fund	Dept.	Organization	Appr.
			Obj/Rev Source
			GRC/PROJ/JOB No.
			Amount
Project Name		Estimated Payment Total by Fiscal Year	
Counseling Services		FY Amount I/D FY Amount I/D	
Contract type - 1			

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino probation Department, hereinafter called the County, and

Name

William P. Nelson, Ph.D.

hereinafter called

Contractor

Address

420 Brookside

Redlands, CA 92373

Phone

Birth Date

(909) 285-2197

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend contract # 02-1217, as follows:

**ATTACHMENT A:**Add Fee Schedule for Counseling Services dated May 27, 2003.**All other terms and conditions remain in full force and effect.**

COUNTY OF SAN BERNARDINO

By Dennis Hansberger, Chairman, Board of Supervisors

Dated \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARDClerk of the Board of Supervisors  
of the County of San Bernardino.By \_\_\_\_\_  
Deputy

William P. Nelson, Ph.D.

(Print or type name of corporation, company, contractor, etc.)

By [Signature]  
(Authorized signature - sign in blue ink)Name William P. Nelson, Ph.D.  
(Print or type name of person signing contract)Title PsychologistDated 6/1/03  
(Print or Type)Address 420 Brookside  
Redlands, CA 92373

Approved as to Legal Form

By [Signature]  
Dawn Stafford, Deputy County CounselDate 6/4/03

Reviewed by Contract Compliance

By [Signature]  
Lori Ciabattini, HSS Contract s UnitDate 6-4-03

Presented to BOS for Signature

By [Signature]  
Ray Wingerd, Chief Probation OfficerDate 6-9-03**Auditor/Controller-Recorder  
Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Contractor Name: William P. Nelson, Ph.D.

**ATTACHMENT A**

**Fee Schedule for Counseling Services**

Type of Service	Approved Fee (\$)
Individual Therapy Session (hourly rate)	100/hr
Psychological Testing (hourly rate)	110 hr
Psychological Evaluation (hourly rate)	110/hr
Bonding/Attachment Assessment (hourly rate)	120/hr
Testifying-Court Services (hourly rate)	100/hr
Specialized Report Writing (hourly rate)	100/hr
<b>Other Services to be Provided</b>	
Type of Service	Approved Fee (\$)
Family Therapy (hourly rate)	100/hr

May 27, 2003